Reside 14 DEC 2005

Docket No.:

DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Distribution		network for supp	ly of medical fluids to a	patient		
				 		
the application of which						
is attached hereto	OR	x was filed on _19.12.2003as United States Application Number or PCT International Application Number PCT/FR0303854				
		-	firmation No			
I hereby state that I have reviewed and by any amendment specifically referred	understand the con to above.	tents of the abov	e identified application,	including the claim	ms, as amended	
I acknowledge the duty to disclose continuation-in-part application(s), mat the national or PCT international filing	information which erial information w	hich became ava	ilable between the filing	d in 37 CFR 1.56 g date of the prior	, including for application and	
breeder's rights certificate(s), or 365(a) United States of America, listed below inventor's or plant breeder's rights ce application on which priority is claimed	v and have also ide rtificate(s), or any	entified below, by	checking the box, any	/ foreign application	on(s) for patent,	
D. A. Haratan Namahan(a)	Countr	nv	Filing Date	Priority (Yes	Claimed No	
Prior Application Number(s) 02 16432	Country FRANC		20.12.2002	X		
I hereby claim benefit under 35 United App I hereby claim benefit under 35 United application(s) designating the United Stot disclosed in a listed prior United St United States Code, §112, I acknowled defined in 37 C.F.R. 1.56 which occur date of this application:	ed States Code §120 tates, listed below a tates or PCT Interna	0 of any United and, insofar as th ational application isclose any infor	Filing Date States application(s) or e subject matter of each in the manner provider mation material to the	§365(c) of any Po of the claims of the d by the first parage patentability of th	CT International his application is graph of Title 35, is application as	
Prior U.S. or International Application Number(s) U.S. or International Filing Date			onal Filing Date	Status		
I hereby appoint all attorneys of SUG my attorneys to prosecute this applicatherewith, recognizing that the specific discretion of Sughrue Mion, PLLC, are the same USPTO Customer Number.	ition and to transac c attorneys listed u	t all business in nder that Custom	the United States Paten er Number may be cha	it and Trademark on time to	office connected time at the sole	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:							
Given Name (first and middle [if any]) Pascal	Family Name or Surname DENOLLY						
	,		Date	19/07/2005			
Residence: City JARDIN	State FRANCE	Country FRANCE	<u></u>	Citizenship French			
Mailing Address: Le Clos des Alpes							
City JARDIN	State FRANCE	Zip 38200		Country FRANCE			
NAME OF SECOND INVENTOR:							
Given Name (first and middle [if any])	Family Name or Surname						
Inventor's Signature		Date					
Residence: City	State	Country		Citizenship			
Mailing Address:	–						
City	State	Zip		Country			
NAME OF THIRD INVENTOR:							
Given Name		Family Name of Company					
(first and middle [if any])		Family Name or Surname					
Inventor's Signature		·	Date				
Residence: City	State	Country		Citizenship			
Mailing Address:							
City	State	Zip		Country			
NAME OF FOURTH INVENTOR:							
Given Name (first and middle [if any])	Family Name or Surname						
Inventor's Signature		Date					
Residence: City	State	Country		Citizenship			
Mailing Address:							
City	State	Zip		Country			
NAME OF FIFTH INVENTOR:	<u> </u>						
Given Name (first and middle [if any]) Family Name or Surname							
Inventor's Signature			Date				
Residence: City	State	Country	-	Citizenship			
Mailing Address:							
City	State	Zip		Country			
<u> </u>	1.7-7-7			<u> </u>			